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REVIEW

Measures of Resilience: Do They Reflect the Experiences of Transgender Individuals?

Jae A. Puckett,[1,*] Sergio Domínguez, Jr.,[2] and Em Matsuno[3]

Abstract

Resilience is often viewed as the ability to bounce back from challenges. This conceptualization tends to be individualistic and can be less fitting for marginalized communities. Research with transgender and gender-diverse (TGD) individuals has shown that resilience can manifest in various ways, such as developing pride in one's identity, connection to a TGD community, or advocating against oppression. Given these conflicting views, we sought to (1) describe common themes in TGD people's experience of resilience by pooling information from qualitative research; and (2) evaluate how well quantitative measures of resilience reflected the ways that TGD people define resilience in qualitative research. We reviewed articles published from January 2010 to January 2020. Our search for research on resilience in TGD samples revealed 33 quantitative articles and 17 qualitative articles. We developed a codebook from the qualitative articles by retrieving information about themes from these past studies (e.g., developing motivation and agency, pride or positive self-image). We also reviewed the quantitative studies and retrieved the measures used to assess resilience, followed by coding these scales to understand whether the themes from the qualitative data were reflected in the quantitative measures of resilience. Overall, themes related to social support were common across the measures. However, other themes were not reflected in any measures, such as self-definition of gender, hope, and self-advocacy. Our research demonstrates the discrepancy between qualitative research on TGD resilience and quantitative measurement of resilience. Measure development that more fully reflects TGD people's experiences is key to advancing this research.

Keywords: gender diverse; measurement; resilience; transgender

Introduction

In recent years, there has been an increasing focus on well-being, pleasure, and positive experiences for transgender and gender-diverse (TGD) people, despite academic and societal understandings of TGD people's lives overwhelmingly focusing on the adversity these communities face.[1–3] One important aspect that contributes to well-being in TGD communities is resilience. Resilience is often thought of as an ability to bounce back from hardship through cognitive, emotional, and behavioral processes that promote well-being and facilitate protection from adversity.[4]

Quantitative measures of resilience often reflect this definition (e.g., the Brief Resilience Scale).[4] However, emerging qualitative research and theoretical contributions suggest that this understanding of resilience may inadvertently neglect important aspects of resilience specific to marginalized communities, including TGD communities.[5,6] Given the importance of producing quantitative research that accurately measures what is intended, we sought to examine how measures used in TGD resilience research converge with and diverge from qualitative understandings of TGD people's resilience.

[1]Department of Psychology, Michigan State University, East Lansing, Michigan, USA.
[2]Department of Counseling Psychology, University of Wisconsin-Madison, Madison, Wisconsin, USA.
[3]Department of Counseling and Counseling Psychology, Arizona State University, Tempe, Arizona, USA.

*Address correspondence to: Jae A. Puckett, PhD, Department of Psychology, Michigan State University, 316 Physics Road, East Lansing, MI 48824, USA, E-mail: pucket26@msu.edu

Resilience and minority stress

Resilience is often characterized as a trait-oriented intrinsic aspect of a person that reflects individual-level capacity to "bounce back" from adverse life circumstances.[7] Resilience is a relatively novel concept in the field of psychology that emerged during the Humanistic Wave and is associated with the positive psychology movement.[8] The field of psychology typically examines and understands resilience using a white, Western lens.[9] Notably, this lens promotes understandings of well-being that inadvertently yet insidiously replicate systems of oppression by failing to promote collective healing.[6]

More recent understandings of resilience conceptualize the concept as a dynamic and adaptive process, thus opening the door for examining underlying experiences that engender resilience as an outcome.[10] However, resilience is still often understood at the individual level instead of understanding resilience as an outcome of both individual and community factors.[5,10–15] Departing from this individualistic approach, in French et al.'s Psychological Framework for Radical Healing, the authors posit that resistance—rather than resilience—invokes racially minoritized communities' strength and commitment to pursuing healing to defy oppressive systems.[6]

The minority stress model implicitly suggests that resilience factors can buffer the impact of minority stressors.[5,16,17] Virginia Brooks (1981) first developed the minority stress framework in sexual minority populations in her intermittently cited book, *Minority Stress and Lesbian Woman*.[18,19] Brooks' systems theory approach to sexual minority stress captures the relationship between cultural and social stressors with biophysical and psychological stressors, while simultaneously attending to intersectional within-group differences.[19] Brooks' theory, later advanced most notably by Meyer,[16,20] has since been adapted for other marginalized populations, including TGD populations and racially minoritized populations.[17,21–23]

The minority stress model[16,18,20] draws from stress theory[24] to provide an explanatory hypothesis of the impact of systems of power on physical and mental health disparities in sexual and gender minority populations. In the face of these stressors, it is also imperative to identify protective factors and forms of resilience that may help to reduce health disparities. Just as there are TGD-specific forms of minority stressors,[21,25] there are also TGD-specific forms of resilience.[5] This nuance underscores the importance of ensuring that, as models of stress and resilience and the subsequent interventions designed from these frameworks grow, resilience must be understood from the perspective of TGD communities.

In the pursuit of TGD well-being and liberation, research must prioritize the lived experiences of TGD people rather than assuming that resilience is a one-size-fits-all construct. Concretely, research motivated by TGD liberation must center TGD people's nuanced experiences and resilience factors to accurately reflect experiences within these communities.

TGD people's experiences of resilience

Prototypical understandings of resilience have the potential to reflect general, individualistic perspectives,[26] which are often assumed to be innate and individual,[11–15] and may overlook resilience factors specific to TGD communities. Emergent research has begun to articulate that resilience is influenced by both individual- and group-level factors.[5,10,27,28] Individual-level resilience factors are personal qualities and characteristics that facilitate resilience when faced with stress.[28] Community- or group-level resilience factors include social and environmental factors that engender resilience in the face of stress,[27] thereby underscoring the role that access to material resources and basic needs has on well-being.[18] Although individual- and group-level resilience factors are often conceptualized as separate from one another, some have argued that individual and collective resilience factors cannot be parsed.[10]

At the individual level, there may be unique manifestations of resilience that reflect the politicized and socially embedded nature of TGD people's lived experiences. For example, critical consciousness has been identified as an important contributor to TGD resilience.[29,30] This reflects the awareness and understanding that individual-level experiences are a product of broader systems of power, which can contribute to the ability to navigate these hierarchies.[29–34] It is thus unsurprising that the ability to self-define and reject imposed social narratives, particularly related to gender and other salient identities, helps TGD people feel empowered and cope with discrimination.[30,33–36] In addition, access to trans-competent general and gender-specific health care facilitates resilience in TGD people.[29,34,37–39]

Finally, cultivating hope by looking toward the future and having an optimistic view for positive experiences can support TGD people in overcoming

adversities.[31,35,36] Particularly, having hope can be helpful in managing discrimination-related stress and can be protective against suicidality and suicide-related outcomes.[29,36,40]

Group- and community-level resilience factors include social support, family acceptance, community belongingness and connectedness, and involvement in activism, among others.[5] Social support includes perceiving and receiving various forms of support and resources from a network of people, including friends, family, and significant others.[41] For TGD people, having social support is a critically important factor that facilitates resilience,[36,40,42,43] particularly from family,[44] and has been found to reduce psychological distress.[43] In addition, a sense of community belonging has been found to support resilience for TGD people in some studies.[30,36,45] In the face of rejection, connectedness to community has been found to be associated with fewer symptoms of depression and anxiety.[45,46] Furthermore, engagement in political efforts and community activism has been found to engender resilience in TGD people.[30–32,36–38]

Current study

Although qualitative research on TGD people's experiences of resilience provides many insights into how this community may experience resilience and what factors may contribute to this, most quantitative measures have yet to integrate such understandings, and therefore, quantitative research on TGD resilience has been limited. Given the importance of producing quantitative research that accurately measures the constructs specified, we sought to examine how measures used in TGD resilience research converge with and diverge from qualitative understandings of TGD people's resilience.

We sought to center the experiences of TGD people and how this community defines their own experiences of resilience, rather than relying solely on common definitions of resilience that are based on white, Western notions of resilience (e.g., bouncing back from hardships). As such, our study had two aims: (1) to describe the common themes in TGD people's experience of resilience by pooling information from existing qualitative research; and (2) to evaluate how well quantitative measures of resilience used with TGD samples reflected the ways that TGD people define their resilience in qualitative research.

Methods

Peer-reviewed published articles were retrieved through Michigan State University's electronic libraries database (EBSCOhost) utilizing the following search terms: "transgender AND resilience"; "nonbinary AND resilience"; as well as related terms (e.g., gender diverse, gender nonconforming). Each article was examined to ensure that the article was specific to TGD individuals and focused on resilience. Studies that were broadly focused on lesbian, gay, bisexual, and transgender (LGBT) participants were excluded because these often lack specific attention to the experiences of TGD participants, such as unique forms of resilience that get overlooked when combining sexual and gender minorities. We limited our search to the prior 10 years (January 2010 to January 2020, including articles published online ahead of print). Studies that investigated constructs such as belonging, coping, and social support were included if they explicitly conceptualized these areas as resilience within the study.

We concluded our search with 50 articles included in the review after excluding articles that were reviews, those focused on LGBT people, and those that did not focus on resilience specifically. There were 17 qualitative studies that we reviewed to construct our codebook (Table 1).[29–39,47–52] There were 33 quantitative studies that utilized a measure conceptualized as resilience and we retrieved the items from these scales for coding in our analyses (Table 2).[21,42,44,46,53–81] We excluded other articles that were literature reviews, perspective pieces, or articles that used resilience frameworks in their analyses but lacked a specific measure that was described as assessing resilience.

Qualitative codebook development

We reviewed the 17 qualitative studies and created a codebook based on their findings to reflect the descriptions and experiences of resilience that were reported by the participants in this past research. The first and second author reviewed the qualitative articles and retrieved information on the themes reported in each article, followed by providing a definition of these themes. This produced a list of 112 codes across these 17 studies. Following this, the first author compared each of the themes with each other to collapse these findings into broader themes. These themes were reviewed by both the first and second author who discussed small changes to align the themes with the articles included in the review. There were a total of 16 themes and an additional "Not Applicable"

Table 1. Themes from Prior Qualitative Research and Scales Reflecting These Themes

Theme	Definition	Scales reflecting this theme	Number of items across all scales
Sense of community connectedness (general)	Codes that emphasized the general importance of social support networks to fostering resilience when these are perceived as supportive; sense of connection and community belonging[31,34,36,37]	School Belonging; Resilience Scale; Perceived Social Support from Friends; Multidimensional Scale of Perceived Social Support—Friend Subscale; MOS Social Support Survey; Ego Resilience Scale; Connor–Davidson Resilience Scale; Coping Inventory for Stressful	57
Developing motivation and agency	Persisting and being motivated to make one's own choices in life and to decide what well-being means for one's self[32,33,35,37,39,47]	Resilience Scale 14-items; Resilience Scale; Mastery Scale; Cybernetic Coping Scale (15-item); Coping Inventory for Stressful Situations; Connor–Davidson Resilience Scale	51
Pride or positive self-image	A sense of pride in one's gender/self or a positive perception of the self more generally[29,36,38,39]	Transgender Congruence Scale—Appearance Congruence Subscale; reactions to TGD identity; Rosenberg Self-Esteem Scale; Resilience Scale 14-items; Resilience Scale; GMSR Pride Subscale; Connor–Davidson Resilience Scale	35
Cognitive strategies	Using cognitive strategies to minimize emotional toll of challenges[32,34,35,37,48]	Resilience Scale 14-items; Resilience Scale; Cybernetic Coping Scale (15-item); Ego Resilience Scale; Coping Inventory for Stressful Situations; Connor–Davidson Resilience Scale	29
Familial social support	Connections to one's family of origin as a type of social support that fosters resilience[29,34,48,49]	Perceived Social Support from Family; MOS Social Support Survey; Family support; Multidimensional Scale of Perceived Social Support—Family Subscale	27
Other	This code was added for items that were not captured in the other codes	Ego Resilience Scale; Cybernetic Coping Scale (15-item); Coping Inventory for Stressful Situations	21
Traditional bouncing back definition	This code was added for items that reflected a general ability to bounce back from stressful times	Resilience Scale 14-items; Resilience Scale; Ego Resilience Scale; Connor–Davidson Resilience Scale; Brief Resilience Scale	18
Avoidance strategies	Ways of distracting or avoiding challenges in life[32]	Cybernetic Coping Scale (15-item); Coping Inventory for Stressful Situations	12
Instrumental social support	Offering of resources or assistance in obtaining resources or services[32,39,49–51]	Resilience Scale 14 items; MOS Social Support Survey; Connor–Davidson Resilience Scale	7
Connection with a TGD community	Having social connections with other TGD people (through avenues such as support groups, online, and social media)[30,34,36–38,49–52]	Peer Support; Gender Minority Stress and Resilience Measure Subscale on Community Connectedness	7
Acceptance/affirmation of gender by others	Having one's gender affirmed and accepted by others[33,34,38,39,48,50,52]	Family support items	3
Faith and spirituality	Developing a relationship with a higher power or with a religious belief set[29,32]	Connor–Davidson Resilience Scale	1
Basic needs	Having security of basic needs, such as money, housing, food, and other areas[32,34,37]	School belonging	1
Critical consciousness	Understanding individual experiences as a product of systemic oppression and social hierarchies and individual actions to navigate these hierarchies[29–34,36]	No scales captured this theme	0
Health care	TGD-competent health care services to provide care related to general visit and gender affirmation[29,34,37–39]	No scales captured this theme	0
Self-advocacy and social activism	Engagement in political efforts and community activism to better the societal experiences of TGD people as well as targeted efforts to advocate for one's self within a specific area[29–32,36–38]	No scales captured this theme	0
Self-definition	Self-definition of gender experience and other salient identities while rejecting imposed narratives from society/interpersonal relationships[30,33–36]	No scales captured this theme	0
Hope	Looking toward the future and having optimism for positive experiences[29,31,35,36]	No scales captured this theme	0

Themes are ordered by how commonly they were reflected in quantitative scale items. Refer to the studies in Table 2 to locate information about the scales noted above. Of note, some scales were not validated measures but rather specific items. Names of scales or items correspond to those in Table 2 where you can locate references.

GMSR, Gender Minority Stress and Resilience Scale; MOS, Medical Outcomes Study; TGD, transgender and gender diverse.

Table 2. Quantitative Articles, Sample Information, and Resilience Measures

Study	Sample information	Measure used to assess resilience
Testa et al.[21]	• $N = 844$ • Ages 18 and over (M range across subgroups = 27.26–40.5) • Gender groups: women, trans women, genderqueer, trans men, men, cross-dresser • Race/ethnicity: reported separately across gender groups with the lowest and highest percentages reported here. Black = 0–3.6%, Asian = 0–2.5%, Native American = 0–1.2%, Hawaiian/Pacific Islander = 0–1.6%, white = 87.6–100%, multiracial = 0–5.4%, other = 0–2.1%, Latino/a = 4–11.1%	Gender Minority Stress and Resilience Measure—Community Connectedness Subscale and Pride Subscale; current study Cronbach's $\alpha = 0.90$
Bockting et al[42]	• $N = 1093$ • Ages 18–70 ($M = 33.01$) • Gender groups: transgender women, transgender men • Race/ethnicity: white = 79.4%, Latino = 5.1%, African American = 2.4%, Asian/Pacific Islander = 1.6%, Native American = 1%, multiracial = 7%, other = 3.5%	Resilience was measured through assessments of family support, peer support, and identity pride. Investigator created items for family and peer support (2 items each; test–retest reliability of 0.88 and 0.87, respectively). Pride was measured as a subscale of the Transgender Identity Survey, which was referenced with an unpublished article and thus was not included in our coded scales. Cronbach's α in the current study = 0.93. Test–retest reliability = 0.95
Puckett et al[44]	• $N = 695$ • Ages 16–73 ($M = 25.52$) • Gender groups: transgender men, transgender women, genderqueer, nonbinary, agender, androgyne, bigender, not listed • Race/ethnicity: white = 75.7%, Black/African American = 1.9%, American Indian or Alaska Native = 0.1%, Asian = 3%, Latino/a = 3.6%, multiracial/multiethnic = 14.1%	Brief Resilience Scale; current study Cronbach's $\alpha = 0.92$
Pflum et al[46]	• $N = 865$ • Ages 18 and over (M range across subgroups = 24.5–39.2) • Gender groups: trans female spectrum (woman, trans woman, genderqueer assigned female at birth, and intersex participants identifying as woman) and trans male spectrum (man, trans man, genderqueer assigned male at birth, and intersex participants identifying as male) • Race/ethnicity: reported separately across gender groups with the lowest and highest percentages reported here. Caucasian/white = 86.1–94.1%, Hispanic/Latino = 4.4–8.8%, multiracial = 1.8–7%, African American = 0.6–3.9%, Asian American = 0–2.5%, American Indian = 0–2.5%, other = 0–1.9%, Pacific Islander = 0–2.5%, no response 0–0.7%	Gender Minority Stress and Resilience Measure—Community Connectedness Subscale; current study Cronbach's α N/A
Akhtar and Bilour[53]	• $N = 100$ • Ages 19–50 ($M = 28.31$) • Gender groups: specific identities not reported • Race/ethnicity: not reported; study conducted in Pakistan	Connor–Davidson Resilience Scale; current study Cronbach's $\alpha = 0.87$
Amodeo et al[54]	• $N = 8$ • Age range N/A ($M = 28.5$) • Gender groups: transgender women, genderqueer • Race/ethnicity: all participants reported as Italian	Resilience Scale; current study Cronbach's $\alpha = 0.87$ at time 1, 0.95 at time 2, 0.86 at time 3
Bariola et al[55]	• $N = 169$ • Ages 18–77 ($M = 40.04$) • Gender groups: transgender men and women • Race/ethnicity: 76.1% described as Australian	Brief Resilience Scale; current study Cronbach's $\alpha = 0.92$
Brennan et al[56]	• $N = 83$ • Ages 19–70 (M = N/A) • Gender groups: trans women, trans men, other gender-nonconforming identity • Race/ethnicity: white = 84.3%, Black = 1.2%, Asian = 1.2%, Native American = 1.2%, multiracial = 8.4%, Hispanic/Latino = 7.2%	Combined the Pride and Community Connectedness subscales of the Gender Minority Stress and Resilience Measure; current study Cronbach's $\alpha = 0.87$
Breslow et al[57]	• $N = 552$ • Ages 18–71 ($M = 26.42$) • Gender groups: men of transgender experience, women of transgender experience, another gender identity through a written response • Race/ethnicity: white = 74%, multiracial = 11%, Hispanic/Latino = 3%, African American/black = 3%, Asian American/Pacific Islander = 3%, Native American = 1%, other races or ethnicities = 1%	Brief Resilience Scale; current study Cronbach's $\alpha = 0.91$
Chodzen et al[58]	• $N = 109$ • Ages 12–18 ($M = 15.46$) • Gender groups: transgender, gender nonconforming, agender, unsure/questioning, nonbinary, gender queer • Race/ethnicity: white/European-American = 71.6%, Black/African American = 1.8%, Hispanic-American = 8.3%, Asian American = 2.8%, other ethnic background = 10.1%, missing = 5.5%	Transgender Congruence Scale—Identity Appearance Congruence Subscale; current study Cronbach's α N/A Gender Minority Stress and Resilience Measure—Community Connectedness Subscale; current study Cronbach's α N/A

(*continued*)

Table 2. (Continued)

Study	Sample information	Measure used to assess resilience
Crosby et al[59]	• $N = 77$ • Ages 18–65 ($M = 34.5$) • Gender groups: trans women • Race/ethnicity: Black/African American = 100%	Modified version of Wagnild and Young Resilience Scale; current study Cronbach's $\alpha = 0.87$ and 0.79 for subscales
Edwards et al[60]	• $N = 106$ • Ages 18–65 ($M = 29.17$) • Gender groups: female, male, genderqueer, nonbinary/genderfluid, neutrois, trans, intersex, and questioning gender identity • Race/ethnicity: white = 77.4%, biracial/multicultural = 9.4%, Latino(a)/Hispanic = 5.7%, African American/Black = 2.8%, Native American/Native Alaskan = 1.9%, Asian American = 0.9%	Perceived Social Support from Family (current study Cronbach's $\alpha = 0.95$); Perceived Social Support from Friends (current study Cronbach's $\alpha = 0.92$)
Fuller and Riggs[61]	• $N = 345$ • Ages 18 and over ($M = 27$) • Gender groups: male, nonbinary, female, another gender, agender • Race/ethnicity: white/not Hispanic = 75.7%, Black/not Hispanic = 4.3%, Hispanic = 3.5%, American Indian or Alaskan Native = 3.2%, Asian or Pacific Islander = 5.5%, other = 7.8%	Brief Resilience Scale; current study Cronbach's $\alpha = 0.83$
Fuller and Riggs[62]	• $N = 345$ • Ages 18 and over ($M = 27$) • Gender groups: male, nonbinary, female, another gender, agender • Race/ethnicity: white/not Hispanic = 75.7%, Black/not Hispanic = 4.3%, Hispanic = 3.5%, American Indian or Alaskan Native = 3.2%, Asian or Pacific Islander = 5.5%, other = 7.8%	Brief Resilience Scale; current study Cronbach's $\alpha = 0.91$
Gonzalez et al[63]	• $N = 122$ • Ages 22–75 ($M = 46.77$) • Gender groups: transgender women • Race/ethnicity: Asian American = 6.6%, African American = 2.5%, Latina/Hispanic = 4.9%, Native American = 2.5%, Caucasian/not Latino or Hispanic = 83.6%	Resilience Scale; current study Cronbach's $\alpha = 0.91$
Grossman et al[64]	• $N = 55$ • Ages 15–21 (M for gender subgroups ranged from 17.5–19.5) • Gender groups: female-to-male, male-to-female • Race/ethnicity (n): Hispanic = 22, white = 41, Black/African American = 7, more than one race = 3, American Indian = 2, not provided = 1	Resilience was measured through 4 scales: The Mastery Scale (current study Cronbach's $\alpha = 0.70$), Rosenberg Self-Esteem Inventory (current study Cronbach's $\alpha = 0.85$), Multidimensional Scale of Social Support—Friends and Family Subscales (current study Cronbach's $\alpha = 0.80$), Coping Inventory for Stressful Situations (current study Cronbach's $\alpha = 0.83$–0.89 for subscales)
Hatchel and Marx[65]	• $N = 4721$ • Ages 10–18 ($M = 14.71$) • Gender groups: all identified as transgender but specific gender groups were not reported • Race/ethnicity: American Indian or Alaska Native = 4.6%, Asian = 10.3%, Black or African American = 7.3%, Native Hawaiian or Pacific Islander = 2.6%, mixed = 36.1%, white = 29.9%, missing = 9.1%	School Belonging (5 items measuring experiences such as being close to others and safe at school); current study Cronbach's $\alpha = 0.85$
Hidalgo et al[66]	• $N = 258$ • Ages 12–17 ($M = 15.1$) • Gender groups: not reported • Race/ethnicity: white/non-Latinx = 70.2%, Black/African American (non-Latinx) = 1.6%, Hispanic/Latinx = 12.8%, Asian/Pacific Islander = 3.1%, multiracial/other = 10.9%, missing = 1.6%	Gender Minority Stress and Resilience Measure—Community Connectedness Subscale and Pride Subscale; current study Cronbach's $\alpha = 0.86$ and 0.90, respectively.
Jackman et al[67]	• $N = 332$ • Age range 16–87 ($M = 34.56$) • Gender groups: transfeminine, transmasculine • Race/ethnicity: non-Hispanic white = 44.1%, Hispanic = 21.9%, African American = 15.2%, other = 18.8%	Family support of transgender identity through a single item. Multidimensional Scale of Perceived Social Support—friend subscale; current study Cronbach's $\alpha = 0.91$ Gender Minority Stress and Resilience Measure—Community Connectedness Subscale; current study Cronbach's $\alpha = 0.83$
Jäggi et al[68]	• $N = 143$ • Ages 18–75 ($M = 45.2$) • Gender groups: transfeminine, transmasculine, nonbinary • Race/ethnicity: not reported	Gender Minority Stress and Resilience Measure—Community Connectedness Subscale and Pride Subscale; reliability information not provided for all scales
Katz-Wise et al[69]	• $N = 33$ • Ages 13–17 ($M = 15.18$) • Gender groups: trans feminine, trans masculine, nonbinary • Race/ethnicity: white = 73%, Hispanic or Latino/a = 3%, Asian = 6.1%, American Indian or Alaska Native = 3%, mixed race/ethnicity = 15.2%	Resilience Scale for Adolescents; current study Cronbach's $\alpha = 0.88$

(*continued*)

Table 2. (Continued)

Study	Sample information	Measure used to assess resilience
McDowell et al[70]	• $N = 150$ • Ages 21–50 ($M = 27.5$) • Gender groups: trans masculine (divided into binary and nonbinary) • Race/ethnicity: white = 74.7%, Asian = 6%, Native Hawaiian or Pacific Islander = 0.7%, Black or African American = 2.7%, more than one race = 16%	Brief Resilience Scale; current study Cronbach's $\alpha = 0.86$
Scandurra et al[71]	• $N = 149$ • Age 18 and over ($M = 33.18$) • Gender groups: transgender women, transgender men • Race/ethnicity: Caucasian = 98%, Afro American = 0.7%, Latin = 0.7%	Resilience Scale; current study Cronbach's $\alpha = 0.90$
Scandurra et al[72]	• $N = 149$ • Ages 18–63 ($M = 33.18$) • Gender groups: male-to-female, female-to-male • Race/ethnicity: Caucasian = 98%, Afro American = 0.7%, Latin = 0.7%	Resilience Scale; current study Cronbach's $\alpha = 0.90$
Testa et al[73]	• $N = 3087$ • Ages 18 and over ($M = N/A$) • Gender groups: male-to-female, female-to-male, male-to-different-gender, female-to-different-gender • Race/ethnicity: reported separately across gender groups with the lowest and highest percentages reported here. White = 80.8–88.8%, people of color = 10.5–18.3%	Participants were asked how they reacted when they first thought that they might be transgender and responses of "comfortable" were described as characterizing resilience
Todd et al[74]	• $N = 202$ • Ages 15–24 ($M = N/A$) • Gender groups: binary (trans man/trans masculine/trans male, trans woman/trans feminine/trans female) and nonbinary (genderqueer/gender nonconforming, agender/genderfluid, nonbinary, two-spirit male) • Race/ethnicity: non-Hispanic white = 66.8%, other race/ethnicity = 33.2%	Gender Minority Stress and Resilience Measure—Community Connectedness Subscale and Pride Subscale; current study Cronbach's α N/A
Veldorale-Griffin and Darling[75]	• $N = 73$ • Ages 26–68 ($M = N/A$) • Gender groups: male, female, other • Race/ethnicity: white = 82.6%	MOS Social Support Survey (current study Cronbach's $\alpha = 0.95$); Cybernetic Coping Scale (current study Cronbach's $\alpha = 0.86$)
Virupaksha and Muralidhar[76]	• $N = 60$ • Ages 18 and over ($M = 28.27$) • Gender groups: male to female • Race/ethnicity: not reported; study conducted in India	Connor–Davidson Resilience Scale; current study Cronbach's α N/A
Weinhardt et al[77]	• $N = 120$ • Ages 13–20 ($M = 17.2$) • Gender groups: man/boy, woman/girl, genderqueer/nonbinary, other; second categorization of agender, transgender, gender nonconforming, genderqueer, nonbinary, other, and multiple • Race/ethnicity: white = 70.6%, Hispanic/Latino = 9.2%, Black = 1.7%, Native American/American Indian = 3.4%, other = 15.1%	Resilience Scale; current study Cronbach's α N/A
Weinhardt et al[78]	• $N = 154$ • Ages 13–21 ($M = 17.35$) • Gender groups: agender, trans man, trans woman, genderqueer, multiple gender identities, other • Race/ethnicity: white = 65.6%, Hispanic/Latinx = 3.2%, Black = 4.5%, Asian = 2.6%, multiracial = 24%	Gender Minority Stress and Resilience Measure—Community Connectedness Subscale and Pride Subscale; current study Cronbach's $\alpha = 0.71$ and 0.82 respectively
Wilson et al[79]	• $N = 216$ • Ages 16–24 ($M = N/A$) • Gender groups: genderqueer, transgender, female, other • Race/ethnicity: Asian = 5.6%, African American = 13.4%, Latina = 23.1%, mixed = 15.3%, white = 34.3%, other = 8.3%	Connor–Davidson Resilience Scale; current study Cronbach's $\alpha = 0.89$
Yamanis et al[80]	• $N = 38$ • Ages 22–50 ($M = 32.3$) • Gender groups: all described as trans women (although specific identity labels may have differed as per the recruitment information provided) • Race/ethnicity: Latina = 100%	Brief Resilience Scale; current study Cronbach's $\alpha = 0.79$
Yang et al[81]	• $N = 209$ • Ages 18–45 ($M = 26.7$) • Gender groups: transgender women • Race/ethnicity: all participants reported as being from China, no other details	Ego Resilience Scale; current study Cronbach's $\alpha = 0.88$

The spelling of gender and order of racial/ethnic groups mirror that from the original article. Although these may not be the most affirming ways of discussing transgender and gender-diverse people's experiences, we retained the original article's information to provide a review of the existing literature.

M, mean; *N*, number of participants; N/A, not available.

category because some articles detailed areas that were unrelated to resilience. These themes are described in Table 2.

Resilience quantitative measurement

Across the 33 quantitative studies, there were 20 measures used to assess resilience (see Table 1 for an overview). These measures included those that are general in nature and those that are TGD-specific. We included all measures that were framed as assessing resilience, including those that measured related constructs (e.g., social support). We retrieved the individual items for all scales except the Transgender Identity Survey,[42] which was unpublished at the time of our analysis, and the Resilience Scale for Adolescents, which we were unable to locate.[69] We imported these scales into Dedoose for coding.

Coding procedures

The analysis was modeled after the work of McClelland et al.[82] The themes and definitions from our codebook were entered into Dedoose and then applied by the first author to the scale items that had been used in previous research to assess resilience. During the coding process, it became clear that there were several scale items that did not align with the codebook. Specifically, there were items that reflected the traditional definition of resilience as the ability to bounce back from challenges. We added a code representing this traditional definition of resilience, as well as a general "other" code that was applied to any data that did not fit into the categories.

A reliability test was conducted in which the first and second author coded 10% of the items from the scales ($\kappa = 0.93$). The coauthors met to discuss the coding for this 10% of items and the first author independently coded the remaining scale items. After all items were coded, the first author did a thorough review of all coding to ensure accuracy and consistency of the coding.

Results

Table 1 provides an overview of the themes in the qualitative analyses. Notably, some themes reflected experiences that were not specific to identity—such as the use of cognitive strategies to promote resilience, utilizing instrumental support, and having one's basic needs met. However, there were many others that centered TGD identities and recognized experiences as embedded within social systems that disempower and oppress gender minorities. For instance, multiple qualitative articles described resilience as including the self-definition of one's gender experience,[30,33–36] connection to a TGD community,[30,34,36–38,49,50,52] and developing critical consciousness about systemic oppression.[29–34,36]

Across the 33 quantitative studies, there were various scales utilized to measure resilience (Table 2). Some of these studies measured resilience using general scales of resilience that are intended to measure resilience as one's ability to "bounce back" from challenges without any specific connection to identity, such as the Brief Resilience Scale. Other studies used scales that measured related experiences that were not specific to identity, such as family and peer support (e.g., Multidimensional Scale of Perceived Social Support). Finally, some of the studies measured resilience in ways that were more specific to TGD populations, such as through the Gender Minority Stress and Resilience Measure's Pride and Community Connectedness subscales. Overall, it was more common for resilience to be measured in ways that were not specific to TGD people's identities.

Of the 33 quantitative studies in this period, 22 (66.67%) used general measures of resilience that were not specific to TGD people, 9 (27.27%) used measures or questions specific to TGD people's experiences of resilience, and 2 included both types of measures of resilience (6.06%). Of the 11 total studies using a TGD-specific assessment of resilience, 9 of them used the Gender Minority Stress and Resilience Measure—with 3 specifically only using the Community Connectedness subscale and 6 using this along with the Pride subscale. The other studies used single items or scales that were not validated at the time and one additional study used the Transgender Congruence Scale.

In terms of participants represented across these prior quantitative studies, most were conducted with adults. White participants were the largest racial subgroup in 24 of the 27 studies (88.89%) that reported a breakdown of this demographic information. In terms of gender, 28 of the 33 studies (84.84%) included participants of more than one gender identity. There were 5 studies (15.15%) that were specifically about the experiences of trans women and no studies specifically about the experiences of trans men or about other specific gender groups alone. Most studies reported adequate reliability for the resilience measures used in the studies.

Given our aims of evaluating whether measures used in quantitative research on resilience measured the

ways that TGD people describe their resilience in qualitative research, we examined the number of scales and number of items across the scales that contained items aligned to the qualitative themes (Table 1). There were some themes that were not reflected in any of the measures: self-definition, hope, health care, self-advocacy and social activism, and critical consciousness. Themes related to social support were common across the scales. Developing motivation and agency was another common theme represented in the scales.

Discussion

Our results offer several contributions to the existing knowledge about resilience among TGD populations. First, we identified themes across several qualitative studies with TGD samples about how resilience is experienced by TGD people and what TGD people say promotes their resilience in the face of ongoing minority stress and oppression. Second, we were able to demonstrate the discrepancy between the qualitative definitions and themes related to TGD resilience and quantitative measurement of resilience used with TGD samples. Using a systematic process, we were able to highlight the specific aspects of TGD resilience missing from quantitative studies such as self-definition, critical consciousness, social activism, and other TGD-specific resilience strategies.

In addition, our findings show that quantitative studies most often used measures that reflected the traditional Western definition of resilience, whereas they neglected other themes addressed in qualitative studies. Qualitative and quantitative approaches are often recommended to work in tandem and inform one another,[83] however, our results clearly reveal missed opportunities for integrating knowledge from both approaches.

One possible reason for the discrepancy between qualitative and quantitative studies is that there is not a clear consensus on what resilience means. Definitions of resilience have evolved and differ between and within various disciplines.[84] For example, resilience has been viewed as a trait, a process, or an outcome depending on the study. In addition, there seems to be conflation between resilience and determinants of resilience or "resilience factors" (i.e., factors that promote resilience).[5] These distinctions and definitions are important because they dictate how we conceptualize and measure the construct of resilience. It may be that quantitative studies have been measuring resilience as a trait, process, or outcome, but have not adequately measured resilience factors that perhaps the qualitative research reflects.

In addition, the traditional definition of resilience as one's ability to bounce back stems from theories of stress and trauma and research that focused on one's ability to recover after a traumatic or stressful event.[85] The minority stress model uses stress theory to understand the impact of systems of oppression and added an extremely useful framework to understanding mental health disparities among LGBT populations.[16,18,20] However, the language and definition of resilience from stress theories may not completely fit when applied in the context of oppression experienced by marginalized populations versus adversities that are not linked to oppressive systems. For example, understanding resilience as an individual trait or as the successful process of adaptation may inadvertently imply that mental health disparities are a result of an individual's inability to cope successfully with oppressive systems rather than a result of oppressive systems themselves.

Targeting resilience as an individual trait or process may again place the responsibility of psychological well-being on the individual without addressing the systemic issues that are intrinsically linked to psychological symptoms of distress.[86] Resilience defined as "successful adaptation" to a stressor may include conforming to dominant/oppressive cultures, which would not actually promote the well-being and liberation of marginalized groups and instead manifest as internalized stigma. Scholars who research resilience more broadly have similarly advocated for a more holistic, ecological view of resilience as encompassing both systemic- and community-level factors (e.g., laws and policies) and individual factors (e.g., hardiness).[87–89]

To contextualize the ways that marginalized groups overcome the negative impacts of oppression, the terms of "resistance" and "healing" have become more commonly used, particularly among Black, Indigenous, and People of Color (BIPOC) when referring to responses to racial trauma.[90,91] These terms describe behaviors and coping strategies that arise in response to oppression and may be more fitting terms to describe "resilience" among marginalized groups. We encourage researchers and practitioners to critically consider terminology and definitions related to resilience and the potential impacts of language and frameworks of resilience on TGD populations.[86]

Implications for research

One clear next step to advance research on TGD resilience is the development and validation of quantitative measures of TGD-specific resilience factors. Although some of the themes from qualitative studies were incorporated into quantitative work on TGD resilience (e.g., social support, community connection, pride), there were several TGD resilience factors that are not currently incorporated into validated measures. In addition, given the lack of existing measures on TGD-specific resilience factors, quantitative research has yet to adequately examine whether these factors actually moderate or buffer the negative effects of minority stressors. Examining these relationships quantitatively, particularly in longitudinal research, can further validate the findings from qualitative work by providing more evidence that these variables are indeed effective at mitigating the effects of minority stressors.

While new measures are being developed, researchers utilizing quantitative methods can look to the qualitative themes identified in our study to find existing measures that may fit these constructs. Once research has confirmed factors that increase resilience and buffer the negative impact of minority stressors, it is important that researchers develop and test interventions that target these factors.

Research has begun to understand the unique resilience strategies used among TGD people rather than grouping them with the broader LGBT community. However, the TGD community is diverse and experiences of oppression, stressors, and resilience factors likely differ between various subgroups within the TGD population.[92,93] Some quantitative studies sampled trans women specifically, but none looked at resilience specifically with trans men or nonbinary people. Several studies did not include any nonbinary participants in their sample altogether. Different gender groups within the TGD population likely have different experiences due to the intersection of sexism, gender binarism, and gender norms.[94]

Therefore, more research is needed to understand resilience among trans men and nonbinary people. In addition, most samples were predominately white. Therefore, it would be helpful for future research to identify the unique resilience processes among TGD BIPOC people.[52] Similarly, research on other subgroups, such as individuals with disabilities, undocumented TGD people, TGD youth and adolescents, and others is also needed.

Implications for clinical work and interventions

Our findings also have important implications for clinical work with TGD clients. Some of the qualitative themes can be useful in therapy. For example, clinicians can empower clients by allowing the client to self-define their own identity and mirroring the language that the client uses. Furthermore, clinicians can help clients build critical consciousness about how minority stressors are impacting them by providing psychoeducation about the minority stress model. Clinicians can explore the presence or absence of each resilience theme with their clients and collaboratively create coping plans to increase relevant resilience factors, such as identifying communities or environments that support and affirm the client's gender.

We believe it is important that clinicians understand resilience in the context of minority stress and oppressive systems and conceptualize TGD clients' symptoms and distress not as a "lack of resilience" but as an understandable (but not acceptable) outcome of the pervasive and intersectional stressors they experience. From this framework, it is critical that clinicians advocate for changes in broader systems to make them less oppressive to TGD people to fully support the mental health and well-being of TGD people.[86,95] Understanding these resilience factors can be useful in advocating for systemic change. For example, clinicians can advocate for more TGD-affirming resources and community support systems in their local community or create TGD therapy groups. Clinicians can support and advocate for legislation that promotes access to gender-affirming health care and protects TGD people from discrimination to ensure that their basic needs are met.

Limitations

Although our study had many strengths, it is not without limitations. We reviewed the existing literature and synthesized themes, but we did not conduct a full systematic review. Such a review would have entailed a stepwise approach to reviewing article titles, abstracts, and full-text by multiple individuals to assess whether they met the inclusion criteria and other steps such as evaluating the quality of the articles, gathering gray literature, and tallying of excluded articles and their respective reasons for exclusion.

Although we were able to synthesize themes, we did not thoroughly evaluate each study's research methodology and did not look at broader patterns or implications beyond the qualitative findings and general

patterns among the samples. We also did not investigate patterns in the quantitative findings, but only examined their use of resilience measures. Furthermore, we did not explore how other aspects of identity influenced the qualitative themes, such as race. Future research should consider this area more thoroughly and expand their efforts to a systematic review.

Conclusions

This study reveals the gap between qualitative and quantitative research on resilience among TGD people. It is important for future quantitative work to be informed by the qualitative work conducted with TGD people rather than applying theories and constructs based on the broader LGBT community or the general population. Our findings also highlight the varying conceptualizations and definitions of resilience across studies and how this has limited quantitative research in this area. We encourage future research to distinguish resilience from resilience factors and to understand resilience in the context of oppression. Through greater conceptual and theoretical contributions on resilience, resilience factors, and resistance, the field may gain greater clarity on these constructs. Furthermore, through improved measurement of these constructs specifically in the lives of TGD people, research will better assess protective factors for TGD communities.

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Authors' Contributions

J.A.P. and S.D. conceptualized the review. J.A.P. supervised the literature search. J.A.P. and S.D. reviewed the qualitative articles and coded information from these articles. J.A.P. reviewed the quantitative articles and summarized these articles, as well as retrieved information about each of the measures. J.A.P. and S.D. coded the resilience measures for reliability coding and then J.A.P. coded the remaining resilience measures. J.A.P., S.D., and E.M. contributed to writing the article and revising the article.

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Abbreviations Used

BIPOC = Black, Indigenous, and People of Color
LGBT = lesbian, gay, bisexual, and transgender
TGD = transgender and gender diverse